

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008005

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 280 Primary Registration District No. _____ Registrar's No. 7

FILED FEB 19 1963

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, give TOWNSHIP only) Riverside		c. CITY OR TOWN Kansas City North (50)	
Length of stay in 1b 9 Yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Myrtle Don Apartment		d. STREET ADDRESS (If outside, give location) Riverside Branch Box 9079	
3. NAME OF DECEASED (Type or print) First James Middle Murvin Last Guyton		4. DATE OF DEATH Month February Day 9 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-14-1911
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY White Motor Company	
11a. FATHER'S NAME James R. Guyton		11b. MOTHER'S MAIDEN NAME Aberta B. Carter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest DUE TO (b) Myocardial Infarction and Coronary Occlusion DUE TO (c) Arteriosclerotic Heart Disease		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13. NAME OF HUSBAND OR WIFE Mrs. Frankie Guyton		14. ADDRESS Box 9079	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Riverside, Missouri	
20f. CITY, TOWN, OR LOCATION Platte		20g. COUNTY Missouri	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at Approx 5:00 a. m on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) Voland M. Giffey Coroner	
22b. ADDRESS Platte City, Mo.		22c. DATE SIGNED 2-9-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 11, 1963	
23c. NAME OF CEMETERY OR CREMATORY East Slope Memorial Gardens		23d. LOCATION (City, town, or county) (State) Riverside, Missouri	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons-North Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. Feb. 11, 1963	
26. REGISTRAR'S SIGNATURE Uphie Rollins			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FEB 21 1963

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STATEMENT-BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John H. Walbeck

Licensed Embalmer No. 4949

P. O. Address St. Louis City 16, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.